

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTING JUL 15 P 3:23
(Ethics Commission filers)

Total pages filed:

4

| | | | | | |
|--|---|----------------|-----------|--|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| | | HOWARD | W. | Date Received | |
| | | PEAK | IV | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | 238 MEDFORD DR., SAN ANTONIO, TEXAS 78209 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (210) | 826-5481 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Date Hand-delivered or Date Postmarked | |
| | NICKNAME | LAST | SUFFIX | Receipt # Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | 9311 SAN PEDRO, SAN ANTONIO, TEXAS 78216 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (210) | 525-1241 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| | 1 | 01 | 2004 | | 6 / 30 / 2004 |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | |
| | | | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. | | | | |
| | Name | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
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18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0

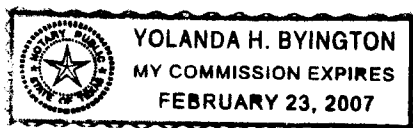
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Howard W. Peak IV

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard W. Peak IV, this the 15th day

of July, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: /

2 FILER NAME

HOWARD W. PEAK, IV

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Blesseo Sacramento Academy

8

Amount
(\$)

4/27/04

6 Payee address; City; State; Zip Code

1035 Mission Road San Antonio TX 78210

#677⁵⁶

7 Purpose of expenditure (See instructions regarding type of information required.)

Donation

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

HOWARD W. PEAK

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/6/04

5 Payee name

INNER CITY DEVELOPMENT

6 Payee address; City; State; Zip Code

1300 CHIHUAHUA ST., S.A. TEXAS 78207

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount (\$)

\$ 100.00

Date

4/27/04

Payee name

HOWARD W. PEAK

Payee address; City; State; Zip Code

238 MEDFORD DR., SAN ANTONIO TX. 78209

Purpose of expenditure (See instructions regarding type of information required.)

REIMBURSEMENT - SEE SCHEDULE G.

Amount (\$)

\$ 677.56

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

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Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED